



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

FILE COPY

September 14, 2006

Melissa Lichti, Administrator  
Wedgewood Terrace, Provident Foundation  
2114 Vineyard Ave  
Lewiston, ID 83501

License #: RC-588

Dear Ms. Lichti:

On August 10, 2006, a life safety code survey was conducted at Wedgewood Terrace, Provident Foundation - Wedgewood Terrace Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Team Leader  
Health Facility Surveyor  
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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August 24, 2006

FILE COPY

Melissa Lichti, Administrator  
Wedgewood Terrace  
2114 Vineyard Ave  
Lewiston, ID 83501

Dear Ms. Lichti:

On August 10, 2006, a life safety code survey was conducted at Wedgewood Terrace, Provident Foundation - Wedgewood Terrace LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 9, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Fire/Life Safety and Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R588</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEDGEWOOD TERRACE, PROVIDENT FOUND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2114 VINEYARD AVE LEWISTON, ID 83501</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 10, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p> <p>Taylor Barkley Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

DP7821

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Wendwood Terrace</i>	Physical Address <i>2114 VINYARD Ave</i>	Phone Number
Administrator	City <i>Lewiston Id</i>	ZIP Code <i>83501</i>
Survey Team Leader <i>Eric Mundell</i>	Survey Type	Survey Date <i>8-10-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.415.01	MAINTENANCE of equipment and systems - Five sets of smoke doors would not latch closed when released. Door locations are by Rooms # 145, 139, 123, 241, and 221.	8/29/06 EM
<del>2</del>	<del>16.03.22.405.05</del>	<del>STRUCTURE, Maintenance, Equipment To Assure Safety, Ceiling Penetration in Laundry Room. Ceiling was cut so electrical conduit from electrical panel could pass through.</del>	
3	16.03.22.404.01	Corridors partially blocked, furniture blocking exit door. Corridors had tables, chairs, and couches along the walls.	
<del>4</del>	<del>16.03.22.415.02</del>	<del>Fuel-Fired Heating. The last furnace inspection was conducted on 4/30/04.</del>	
#2		Melissa provided evidence of the Heating inspection, and	
#4		the closure of the ceiling penetration. 8/14/2006 Taylor Barkley	
X		(48 hours). <i>Judy B.</i>	

Response Required Date

*September 10, 2006*

Signature of Facility Representative

*Melissa White*